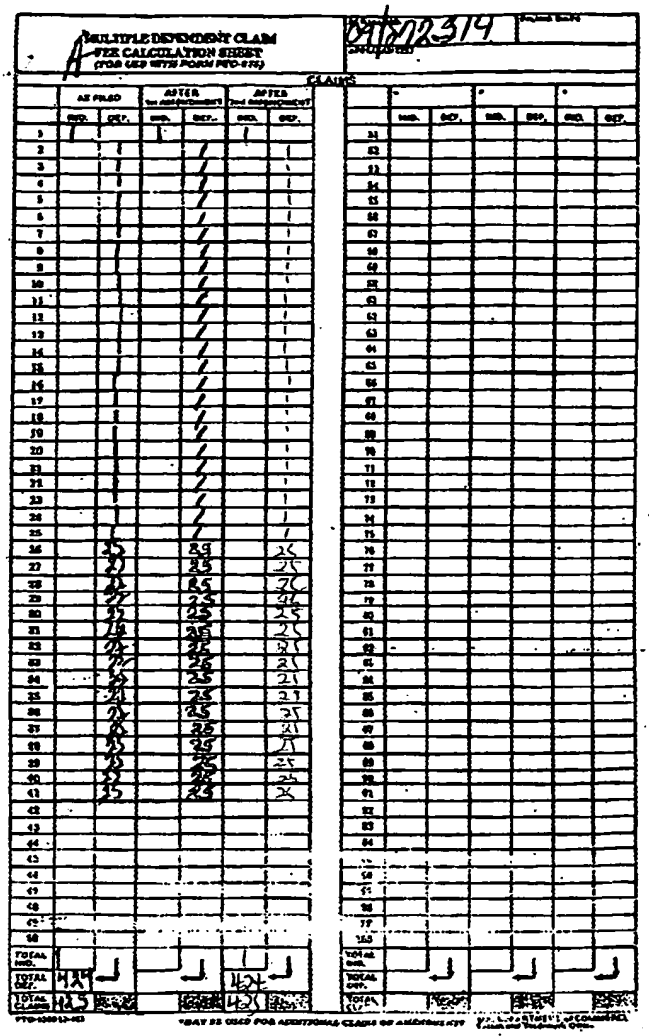

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

08/02/2314

CLAIMS

	AS FILED		AFTER		AFTER							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1							
2		1		1		1						
3		1		1		1						
4		1		1		1						
5		1		1		1						
6		1		1		1						
7		1		1		1						
8		1		1		1						
9		1		1		1						
10		1		1		1						
11		1		1		1						
12		1		1		1						
13		1		1		1						
14		1		1		1						
15		1		1		1						
16		1		1		1						
17		1		1		1						
18	1		1		1							
19		1		1		1						
20		1		1		1						
21		1		1		1						
22		1		1		1						
23		1		1		1						
24		1		1		1						
25		1		1		1						
26	35		29			25						
27	27		25			25						
28	41		35			30						
29	27		23			27						
30	27		25			25						
31	24		20			20						
32	34		25			21						
33	27		26			21						
34	29		25			21						
35	31		25			21						
36	28		25			21						
37	40		25			21						
38	35		25			21						
39	35		25			25						
40	32		25			25						
41	35		23			25						
42												
43												
44												
45												
46												
47												
48												
TOTAL IND.												
TOTAL DEP.	34				42							
TOTAL CLAIMS	42.5				42							

*MAY BE USED FOR ADDITIONAL CLAIMS OF ANOTHER TYPE

BEST AVAILABLE COPY